



ADS CENTER

Resource Center to Address
Discrimination and Stigma

BRIDGING THE GAP BETWEEN WHERE WE ARE AND WHERE WE NEED TO BE

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Substance Abuse and Mental Health
Services Administration
Center for Mental Health Services

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Mental Health News You Can Use...

September 2005

This is the tenth installment of the electronic update from SAMHSA's Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center), a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. We invite you to share this information with your friends and colleagues who share your interest in confronting stigma and discrimination associated with mental illness; and to post this information in your own newsletters or listservs.

The contents of this informational update do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

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September 2005 Spotlight

New ADS Center training teleconference, "Changing Minds and Inspiring Hope: Media Strategies For Reducing Stigma Within Spanish-speaking Communities," Tuesday, October 11, 2005.

Stigma continues to hinder mental health recovery for Latinos in America. Its impact is felt in the lack of community acceptance and full integration of people with mental illnesses. For Latinos, stigma can manifest itself in the form of a belief that mental illnesses result from a lack of character, divine punishment, or bad parenting; that people with mental illnesses are dangerous or cannot cope; or that mental illness is incurable. Effectively addressing these stigmatizing attitudes requires cooperation and communication across an entire community. Although accurate information about the nature of mental illness and the genesis of stigma is available, appropriate and effective distribution of that information to a Spanish-speaking public requires careful planning.

Spanish-speaking communities rely heavily on print and broadcast media for vital health information. According to Univision, the largest Spanish-speaking television network in the U.S., television is the primary media for communicating this information, followed closely by radio and, increasingly, the Internet. Accordingly, any strategy designed to foster increased knowledge and decreased stigma about mental illness within Spanish-speaking communities should utilize mass media as a resource.

Please join us on Tuesday, October 11, 2005, for a presentation on identifying factors impacting stigma and stigma-reduction in Spanish-speaking communities; effectively working with Spanish-language news media to communicate about mental illness and mental health services; and successful projects and initiatives already utilizing mass media as an educational and outreach tool within Latino communities.

The [SAMHSA ADS Center](#) encourages everyone to participate in this training teleconference. For additional information, as well as an archive of previous trainings, please see the SAMHSA ADS Center web site located at <http://www.stopstigma.samhsa.gov/teleconferences.htm>.

Featured Research Articles

Stout, P.A., J. Villegas, & N.A. Jennings (2004). "Images of mental illness in the media: identifying gaps in the research." *Schizophrenia Bulletin* 30(3): 543-561. [\[NLM/PubMed Abstract\]](#)

This article reviews a decade of research about the relationship between mass media and mental illness stigma. While emphasis is placed upon the dearth of media/stigma research in more recent years (as well as the need to expand inquiry into additional modes of media communication), the authors also highlight multiple research conclusions confirming the power of mass media outlets to influence public knowledge and attitudes about mental illness in both

positive and negative ways. The argument concludes with an outline for a new stigma research agenda that addresses existing inadequacies in understanding related to media portrayal, media impact, and the use of media as a tool for change.

Guarnaccia, P.J., R. Fernandez, & M.R. Marano (2003). "Toward a Puerto Rican popular nosology: nervios and ataque de nervios." *Culture, Medicine and Psychiatry*: 27(3): 339-366. [\[NLM/PubMed Abstract\]](#)

This article describes and systematizes everyday categories of illness relating to the concept of distress known as *nervios* among members of certain Spanish-speaking communities. Accordingly, the authors contend that expressions of distress broadly understood as *nervios* relate a nuanced cultural understanding of what it means to have a mental illness and also provide clues to the social origins of certain negative attitudes towards people with mental illnesses. Although the research subject of this paper occurs within an Puerto Rican ethnic context, the overarching themes of *nervios* and *ataque de nervios* are understood to be shared by a multitude of Latin American cultural groups.

Additional Research

Anez, L.M., et al. (2005). "Application of cultural constructs in the care of first generation Latinos in a community mental health setting." *Journal of Psychiatric Practice*, 11(4): 221-230. [\[NLM/PubMed Abstract\]](#)

Arborleda-Flórez, J. (2003). "Considerations on the stigma of mental illness [Editorial]." *Canadian Journal of Psychiatry*, 48(10): 645-650. [\[Free Text Article\]](#)

Baez, A., & D. Hernandez (2001). "Complementary spiritual beliefs in the Latino community: the interface with psychotherapy." *American Journal of Orthopsychiatry*, 71(4): 408-415. [\[NLM/PubMed Abstract\]](#)

Corrigan, P.W., et al. (2005). "Newspaper stories as measures of structural stigma." *Psychiatric Services*, 56(5): 551-556. [\[NLM/PubMed Abstract\]](#)

Geltman, D., G. Chang (2004). "Hallucinations in Latino psychiatric outpatients: a preliminary investigation." *General Hospital Psychiatry*, 26(2): 153-157. [\[NLM/PubMed Abstract\]](#)

McCabe, K.M., et al. (2003). "Racial/ethnic differences in caregiver strain and perceived social support among parents of youth with emotional and behavioral problems." *Mental Health Services Research*, 5(3): 137-147. [\[NLM/PubMed Abstract\]](#)

Stuart, H. (2003). "Stigma and the daily news: evaluation of a newspaper intervention." *Canadian Journal of Psychiatry*, 48(10): 651-656. [\[Free Text Article\]](#)

Vaughn, G. & C. Hansen (2004). "'Like Minds, Like Mine': a New Zealand project to counter stigma and discrimination associated with mental illness." *Australasian Psychiatry*, 12(2): 112-117. [\[NLM/PubMed Abstract\]](#)

Weisman, A.G., L.G. Gomes, & S.R. Lopez (2003). "Shifting blame away from ill relatives: Latino families' reactions to schizophrenia." *Journal of Nervous and Mental Disorders*, 191(9): 574-581. [\[NLM/PubMed Abstract\]](#)

Models, Programs, and TA Tools

Univision's *Salud es Vida...Enterate!* Campaign

In 2004 Univision Communications Inc., the leading Spanish-language media company in the United States, launched its integrated cross-platform health education initiative *Salud es Vida...Enterate!* The mission of this initiative is to promote healthy lifestyles and encourage the early detection and aggressive management of chronic health conditions affecting U.S. Hispanics. *Salud es vida...Entérate!* is a multiyear campaign that features celebrities and health experts in public service announcements (PSAs), news, health programs, and a comprehensive health-related web site. This initiative is a call-to-action designed to raise awareness, increase knowledge and encourage positive health decision-making. *Enterate!* leverages Univision's diverse media assets to educate its audience on health issues and promote primary prevention, habits of healthy living, access to care, and disease specific prevention and treatment.

Mental health is among the main issues that this ambitious campaign addresses. Thanks to *Enterate!*, thousands of Spanish-speaking Latinos have accessed information about illnesses like bipolar disorder and depression. In 2004 and 2005, Univision also aired PSAs and news highlights about mental illness, including those of the **SAMHSA Elimination of Barriers Initiative (EBI)**, which were supported by a series of web site pages containing more in-depth information. In response to these stigma-reducing endeavors, *Enterate!* and Univision received a Voice Award from the Substance Abuse and Mental Health Services Administration (SAMHSA).. The Voice Awards were developed to acknowledge film, television, and radio writers and producers whose work has given a voice to people with mental health problems by portraying them in a dignified, respectful, and accurate manner.

To learn more about *Enterate!* visit <http://www.univision.com>.

Additional Resources

SAMHSA Iniciativa de Eliminación de Barreras (EBI)

The SAMHSA Elimination of Barriers Initiative (EBI) [Iniciativa de Eliminación de Barreras] is a 3-year initiative launched in September 2003 by the Substance Abuse and Mental Health Services Administration (SAMHSA) aimed at identifying effective public education approaches to counter the stigma and discrimination associated with mental illnesses. All EBI resources and materials are available in Spanish and English-language versions. Learn more by visiting the EBI web site located at <http://allmentalhealth.samhsa.gov> (English) or <http://www.nuestrasaludmental.samhsa.gov/> (Spanish).

Latino Outreach Resource Manual

The NAMI Multicultural Action Center's Latino Outreach Resource Manual is a comprehensive guide to assist those wishing to learn more about Latino mental health issues, as well as effectively reach out to this community through events and programming. The manual provides detailed information about prevalence rates and statistics of mental illness in the Latino community, discusses the importance of cultural competence, and gives tips on how to best engage Latino families. In addition, the manual lists the steps necessary to formulate and evaluate an outreach plan. Finally, this resource sites several successful Latino mental health programs as best practices to serve as examples for other organizations aspiring to do similar work. The manual is available on the NAMI Multicultural Action Center web site, <http://www.nami.org/multicultural>; or by requesting an electronic or hard copy from MACenter@nami.org.

Psychline

A quarterly, peer-reviewed Journal of Hispanic American Psychiatry; Psychline publishes articles pertaining to Hispanic and Latino mental health issues in the United States, including cultural, social, biological, psychological and political factors. For more information please email

Salud Mental

A quarterly bi-lingual newspaper that provides the latest news and information regarding education, advocacy, and resources to the Latino community. *Salud Mental* comes to us from the publisher of the award-winning, New York based *Mental Health News*. *Salud Mental* contains a wealth of articles in English and Spanish written by some of the northeast regions most influential leaders and provider organizations from the local and national Latino mental health community. *Salud Mental* is available in a full readable format on its new web site funded by the Verizon Foundation at: www.mhnews-latino.org. To subscribe, please email Mhnmail@aol.com.

In My Experience...

Juany
by Juany Lopez
NAMI San Antonio

Hello, my name is Juany. I'm from Mexico, from a middle class family. My grandparents raised me. When I was 5 years old, my grandmother passed away, and my grandfather and all of my family were affected negatively. My grandfather suffered from both depression and alcoholism. He used to take out his pistol and threatened to take his life at every opportunity that he could. My aunts and I were just girls at the time. My youngest aunt and I used to hide behind the door while my other two aunts tried to stop him.

When I was 14 years old, I was sexually abused. I didn't tell anybody about it and I became extremely depressed. This was the first time I tried to commit suicide.

When I was 18 years old, I got married. My husband and I immigrated to the United States in 1985 with our children. When we arrived in Los Angeles, my illness developed more and more. In 1994 we moved to Texas. This same year, I became pregnant, but I lost the baby in the eighth month. This was the lowest point in my illness.

Years later I began looking for help because I knew I was not OK, and I felt that I had to break the chain that I had inherited from my family. I went to various counselors, psychologists, religious and other support groups because I felt that my crisis was about to result in tragedy. I continually thought about suicide; the thought never left my mind for even a second.

Five years ago, I found NAMI San Antonio. I arrived in a very depressed state; sad and without any hope. There, I found help and the necessary information I had been looking for. At the beginning, I felt confused, because it surprised me to hear the word, 'mental illness.' From there, I began the 12 week education program, "Family to Family", and since then I have decided to continue with my life the best way possible. I began to educate myself about the different types of mental illnesses and eventually I began to volunteer.

Today, I help other families work towards recovery. One of the most important steps in this process has been to not only accept my illness, but to share my story to educate others and fight against the fear and stigma that exists because of the lack of understanding about these illnesses.

It is very difficult for me to remember painful moments from the past. Time has helped me overcome many of my problems. This doesn't mean that it has cured me of everything; it only means that I have learned to live with my memories and my depression. Today, I try to live my life one day at a time.

Note from the Editor: The NAMI Family to Family Program is a free twelve-week education course

for family caregivers of people with a severe mental illness. The course curriculum is taught by trained family members and focuses on schizophrenia, bipolar disorder, clinical depression, panic disorder, and obsessive-compulsive disorder. Course participants discuss the clinical treatment of these illnesses and learn the knowledge and skills that family members need to cope more effectively. Family to Family classes are offered in English and Spanish across the country, as well as in Canada, Puerto Rico, and Mexico.

For more information, please visit <http://www.nami.org>.

The SAMHSA ADS Center is a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

About the ADS Center

SAMHSA's Resource Center to Address Discrimination and Stigma (ADS Center) helps people design, implement and operate programs that reduce discrimination and stigma associated with mental illnesses. With the most up-to-date research and information, the Center helps individuals, organizations and governments counter such discrimination and stigma in the community, in the workplace, and in the media.

Subscribe to receive this update by sending an e-mail to stopstigma@samhsa.hhs.gov, or by calling an ADS Center representative at 800-540-0320. To comment on the materials included in this update, please send e-mail to stopstigma@samhsa.hhs.gov, or write a letter to Resource Center to Address Discrimination and Stigma Associated with Mental Illness; Informational Updates; 11420 Rockville Pike; Rockville, MD 20852. To unsubscribe from this distribution list using the subscribed e-mail account, click [here](#). To unsubscribe your address from a different e-mail account, send a message to Majordomo@listserve.shs.net with the following command in the message body: unsubscribe stopstigma [Your E-mail Address].

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